

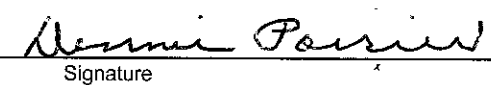
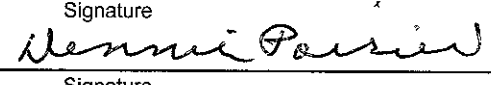


## CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 10/20/2008 To: 11/24/2008  
Mo Day Year Mo Day Year

<b>1. Committee I.D. Number</b> 150006-1		<b>4. Candidate Last Name</b> Poirier		<b>First Name</b> Dennis		<b>M.I.</b> M.I.	
<b>2. Committee Name</b> Committee to Elect Poirier Commissioner		<b>4a. Office Sought Including District # or Community Served (If applicable)</b> 9th Dist Bay Co		<b>4b. County of Residence</b> BAY			
<b>5. Committee's Mailing Address</b> 1265 Orchard Rd Essexville MI 48732 Area Code and Phone (989) 895-8857		<b>6. Treasurer's Name &amp; Residential Address</b> Dennis Poirier 1265 Orchard Rd Essexville MI 48732 Area code & Phone (989) 895-8857		<b>Driver License # (Optional)</b>			
<b>7. Treasurer's Business Address</b>  Area Code and Phone		<b>8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper)</b>  Area Code and Phone <b>Driver License # (Optional)</b>					
<b>9. TYPE OF STATEMENT</b> 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus 11/04/2008 Month Day Year				9c. <input type="checkbox"/> Annual Statement (Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution Mon Day Year By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.			
<p>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. <b>If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.</b></p>							
<b>10. Verification:</b> I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.							
<b>Current Treasurer or Designated Recordkeeper</b> Dennis Poirier Type or Print Name		 Signature		<b>Date</b> 12/01/2008 Mo Day Year			
<b>Candidate</b> Dennis Poirier Type or Print Name		 Signature		<b>Date</b> 12/01/2008 Mo Day Year			

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

1. Committee I.D. Number 150006-1

2. Committee Name Committee to Elect Poirier Commissioner

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>1810.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>1810.00</u>	(18.) \$ <u>5562.97</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>0.00</u>	(19.) \$ <u>100.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>1810.00</u>	(20.) \$ <u>5662.97</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>442.00</u>	(21.) \$ <u>442.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0.00</u>	(22.) \$ <u>0.00</u>
<b>EXPENDITURES</b>			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>1320.53</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>0.00</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>1320.53</u>	(23.) \$ <u>4775.81</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u>0.00</u>	(24.) \$ <u>0.00</u>
<b>DEBTS AND OBLIGATIONS</b>			
12. Debts and Obligations			
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$	<u>0.00</u>	
b. Owed <b>to</b> the Committee (Schedule 1E)	(12b.) \$	<u>0.00</u>	
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>743.41</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) +	<u>1810.00</u>	
	(15.) =	<u>2553.41</u>	
15. SUBTOTAL Add Lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) -	<u>1320.53</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>1232.88</u>	*

NOTE: Direct contributions, in-Kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.

**All required schedules must be included with this statement. \*If your ending balance is negative, please recheck your math.**



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1  
2. Committee Name Committee to Elect Poirier Commissioner

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt )
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: Rick Ahlberg Address: 950 Cecilia Bay City MI 48708 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	32.50
3. Contribution # 2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: Dennis Banaszak Address: 617 14th st Bay City MI 48708 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	35.00
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: Pacia Beazley Address: 3406 Golfview Bay City MI 48706 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: Paul Begick Address: 5852 S 4 Mile Rd Bay City MI 48706 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	32.50
Page Subtotal	80.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on  
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Summary Page



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1  
2. Committee Name Committee to Elect Poirier Commissioner

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>5</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: Vaughn Begick Address: 5353 Lorraine Ct Bay City MI 48706 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>6</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: Nathan Bickel Address: 715 S Sheridan St Bay City MI 48708 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	32.50
3. Contribution # <u>7</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: Robert Bloenk Address: 231 Jennison Place Bay City MI 48708 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	32.50
3. Contribution # <u>8</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: Leo Borrello Address: 79 N Tuscola Rd Bay city MI 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
Page Subtotal	80.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1  
2. Committee Name Committee to Elect Poirier Commissioner

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>9</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>Earl Bovia</u> Address: <u>4649 Cedar Lane</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	10.00	22.50
3. Contribution # <u>10</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>Marlene Ciosek</u> Address: <u>1112 Hampstead</u> <u>Essexville MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	40.00	40.00
3. Contribution # <u>11</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>David Clark</u> Address: <u>260 N Vanburen</u> <u>Bay city MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>12</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>Chuck Cusick</u> Address: <u>3287 Parkway</u> <u>Bay City MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
Page Subtotal	90.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1  
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3. Contribution # <u>13</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>Bob Darbee</u> Address: <u>3406 Golfview</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>14</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>Ilene Darbee</u> Address: <u>3406 Golfview</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>15</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>Joseph Davis</u> Address: <u>909 N Wenona</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	45.00
3. Contribution # <u>16</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>Jean Ann Deshano</u> Address: <u>3008 Linden Park Dr</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
Page Subtotal	80.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1  
2. Committee Name Committee to Elect Poirier Commissioner

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3. Contribution # <u>17</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2008</u> Name: Jerry Deshano Address: 3008 Linden Park Bay City MI 48706 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>18</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2008</u> Name: Lillian DeShaw Address: One Heritage Dr Kawkawlin MI 48631 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>19</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2008</u> Name: Howard Diehl Address: 623 Faudaks Ct Bay City MI 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>20</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2008</u> Name: Al Doner Address: 1568 Wedgewood Pl Essexville MI 48732 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25.00	25.00
Page Subtotal	85.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150006-1  
2. Committee Name Committee to Elect Poirier Commissioner

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3. Contribution # <u>21</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: Gary Doner Address: 200 Shady Lane Auburn MI 48611 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>22</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: Art Dore Address: PO Box 143 Bay City MI 48706 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>23</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: David Duyck Address: 969 Arms Rd Essexville MI 48732 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	40.00	77.50
3. Contribution # <u>24</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: Al Eichhorn Address: 5412 Easy St Bay City MI 48706 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
Page Subtotal	100.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1  
2. Committee Name Committee to Elect Poirier Commissioner

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3. Contribution # <u>25</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2008</u> Name: William Fournier Address: 1053 Brissette Beach Bay City MI 48706 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>26</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2008</u> Name: Chuck Frantz Address: 162 Bay Shore Dr Bay City MI 48706 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	32.50
3. Contribution # <u>27</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2008</u> Name: Joel Gougeon Address: 241 Donahue Bch Rd Bay city MI 48706 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	70.00
3. Contribution # <u>28</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2008</u> Name: Jason Gower Address: 4630 Flajole Midland MI 48642 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	70.00
Page Subtotal	80.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1  
2. Committee Name Committee to Elect Poirier Commissioner

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3. Contribution # <u>29</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>William Gregory</u> Address: <u>264 Jennison Pl</u> <u>Bay City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	40.00	40.00
3. Contribution # <u>30</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>Terry Henre</u> Address: <u>PO Box 127</u> <u>Richville MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>31</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>Jeff Hepner</u> Address: <u>3330 Brentway Dr</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>32</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>Jim Hollenbach</u> Address: <u>5231 Parkview</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
Page Subtotal	100.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1  
2. Committee Name Committee to Elect Poirier Commissioner

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt )
3. Contribution # <u>33</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>Jim Hoyle</u> Address: <u>2200 Schauman Ct</u> <u>Bay City MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>34</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>Dr Steven Ingersoll</u> Address: <u>1725 Carlisle Farms Dr</u> <u>Traverse City MI 48686</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # <u>35</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>Terrance Kelly</u> Address: <u>164 Bay Shore Dr</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	45.00
3. Contribution # <u>36</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>Don Krzysiak</u> Address: <u>1605 Michigan</u> <u>Bay City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
Page Subtotal	160.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1  
2. Committee Name Committee to Elect Poirier Commissioner

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3. Contribution # <u>37</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2008</u> Name: <u>Estelle Lamb</u> Address: <u>5231 Parkway</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>38</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2008</u> Name: <u>William LaMere</u> Address: <u>2722 S Westgate</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	45.00
3. Contribution # <u>39</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2008</u> Name: <u>Matthew Lance</u> Address: <u>306 S Johnson</u> <u>Bay City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	32.50
3. Contribution # <u>40</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2008</u> Name: <u>Ruth Lauria</u> Address: <u>3138 Kirkwood PL</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
Page Subtotal	80.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1  
2. Committee Name Committee to Elect Poirier Commissioner

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3. Contribution # <u>41</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2008</u> Name: Keith Markstrom Address: 1383 N Jones Essexville MI 48732 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	45.00
3. Contribution # <u>42</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2008</u> Name: Paul Martin Address: 1268 Borton Rd Essexville MI 48732 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>43</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2008</u> Name: Elaine McPhail Address: 2567 1/2 E Hotchkiss Bay City MI 48706 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	32.50
3. Contribution # <u>44</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2008</u> Name: Ivan Miller Address: 2151 W Hampton Rd Essexville MI 48732 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	70.00
Page Subtotal	80.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1  
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3. Contribution # <u>45</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2008</u> Name: <u>Ivan Miller Sr</u> Address: <u>807 Nebobish Rd</u> <u>Essexville MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>46</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2008</u> Name: <u>Richard Milster</u> Address: <u>210 Pendleton St</u> <u>Bay City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	100.00
3. Contribution # <u>47</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2008</u> Name: <u>Branden Minuth</u> Address: <u>4608 Fraser Rd</u> <u>Bay City MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>48</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2008</u> Name: <u>Don Moore</u> Address: <u>528 State</u> <u>Caro MI 48723</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
Page Subtotal	80.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1  
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3. Contribution # <u>49</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>Eric Mulholland</u> Address: <u>384 W Hampton Rd</u> <u>Essexville MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>50</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>Deb Nearman</u> Address: <u>2131 W Cass Ave Rd</u> <u>Bay City MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>51</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>Nelson Niederer</u> Address: <u>5402 Elmview</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	32.50
3. Contribution # <u>52</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>Mike Pero</u> Address: <u>104 Doud Rd</u> <u>Kawkawlin MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	75.00
Page Subtotal	110.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1  
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3. Contribution # <u>53</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: Carol Poirier Address: 1265 Orchard Dr Essexville MI 48732 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	32.50
3. Contribution # <u>54</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: Republican Women Assoc-Bay Co Address: 175 S Lincoln Rd Bay City MI 48708 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # <u>55</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: Michael Rivard Address: 840 N Garfield Rd Bay City MI 48706 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	40.00	65.00
3. Contribution # <u>56</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: Gene Ross Address: 4585 W Lewis Dr Bay City MI 48706 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
Page Subtotal	130.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150006-1  
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3. Contribution # <u>57</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2008</u> Name: <u>Mike Rowley</u> Address: <u>1561 Wedgewood Place</u> <u>Essexville MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	45.00
3. Contribution # <u>58</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2008</u> Name: <u>Jill Rrechsteiner</u> Address: <u>1845 SE Boutell</u> <u>Essexville MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	40.00	40.00
3. Contribution # <u>59</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2008</u> Name: <u>Dennis Sampson</u> Address: <u>5204 Prairie Creek</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>60</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2008</u> Name: <u>Bob Sarow</u> Address: <u>1111 N Water St</u> <u># 201</u> <u>Bay City MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
Page Subtotal	100.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1  
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3. Contribution # <u>61</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>John Sauve</u> Address: <u>520 E Nebobish</u> <u>Essexville MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	32.50
3. Contribution # <u>62</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>Jim Sharrard</u> Address: <u>2314 Groveland</u> <u>Bay City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>63</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>Kellie Snyder</u> Address: <u>1204 Elm</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>64</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>David Stanley</u> Address: <u>1212 Joseph</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
Page Subtotal	80.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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MICHIGAN DEPARTMENT OF STATE  
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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150006-1  
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3. Contribution # <u>65</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2008</u> Name: <u>Mike Stodolak</u> Address: <u>323 S Walnut St</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>66</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2008</u> Name: <u>Bill Tillen</u> Address: <u>213 Center Ave</u> <u>Bay City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	10.00	10.00
3. Contribution # <u>67</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2008</u> Name: <u>Mark Trahan</u> Address: <u>700 Park</u> <u>Bay City MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>68</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2008</u> Name: <u>Darlene Trigg</u> Address: <u>2930 Ohio</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
Page Subtotal	70.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1  
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3. Contribution # <u>69</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>Pat VanSumeren</u> Address: <u>194 N Burns Rd</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	60.00	85.00
3. Contribution # <u>70</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>Marcia Voisine</u> Address: <u>5967 Red Feather Dr</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>71</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>Greg Wagner</u> Address: <u>300 Pine</u> <u>Essexville MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	45.00
3. Contribution # <u>72</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>Sue Wendt</u> Address: <u>921 N Johnson St</u> <u>Bay City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
Page Subtotal	120.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

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3. Contribution # <u>73</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>Ross Whitman</u> Address: <u>3027 Canterbury</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25.00	37.50
3. Contribution # <u>74</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>Mike Williams</u> Address: <u>1461 Williams Lane</u> <u>Essexville MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	32.50
3. Contribution # <u>75</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>Michael Wooley</u> Address: <u>412 N Johnson</u> <u>Bay City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	32.50
3. Contribution # <u>76</u> PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u>  Name: <u>Kevin Zaplitny</u> Address: <u>1040 Rosemary Ct</u> <u>Essexville MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
Page Subtotal	85.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on  
line 3a of  
Summary Page



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1  
2. Committee Name Committee to Elect Poirier Commissioner

Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt )
<p>3. Contribution # <u>77</u>      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/28/2008</u></p> <p>Name: <u>James Zessin</u> Address: <u>827 Whispering Pines Lanes</u> <u>Bay City MI 48708</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>	20.00	32.50
Page Subtotal	20.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	1810.00	

Enter this total on  
line 3a of  
Summary Page



**ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 1-IK  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150006-1

2. Committee Name Committee to Elect Poirier Commissioner

3. Name and Address from whom received  If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-kind Contribution (Check applicable box)  5. Date of Receipt  6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # <u>1</u> PAC Receipt? <input type="checkbox"/> Yes Name: <u>Ivan Miller</u> Address: <u>2151 W Hampton Rd</u> <u>Essexville MI 48732</u> <b>If over \$100.00 cumulative, please provide:</b> Occupation:  Employer:  Business Address:   <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b>  Description <u>food &amp; refreshments</u>  5. Date OF RECEIPT: <u>10/28/2008</u>  6. <b>VENDOR NAME &amp; ADDRESS:</b> <u>Silver Palace</u> <u>1500 Woodside</u>  <u>Essexville</u> <u>MI 48732</u>	442.00	512.00

Page Subtotal  
Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

442.00

442.00

Enter this total  
on line 6 of  
Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1  
2. Committee Name Committee to Elect Poirier Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 1 Name: WSGW News Radio Address: 1795 Tittabawassee Rd Saginaw MI 48604 <input type="checkbox"/> Fund Raiser	Purpose: <u>radio ad-ck#1007</u> Expenditure Code <u>BA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/27/2008	320.00
Expenditure # 2 Name: Sunrise Family Credit Union Address: 404 S Euclid Ave Bay City MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>chg for checks</u> Expenditure Code <u>BK</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/2008	2.00
Expenditure # 3 Name: Dennis Poirier Address: 1265 Orchard Rd Essexville MI 48732 <input type="checkbox"/> Fund Raiser	Purpose: <u>repay loan</u> Expenditure Code <u>LO</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/30/2008	435.93
Expenditure # 4 Name: Dennis Poirier Address: 1265 Orchard Rd Essexville MI 48732 <input type="checkbox"/> Fund Raiser	Purpose: <u>repay loan</u> Expenditure Code <u>LO</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/30/2008	500.00
Expenditure # 5 Name: Bay County Sports Hall of Fame Address: 800 John F Kennedy Drive Bay City MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>ad in program-ck#1009</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/09/2008	50.00
Subtotal this page			1307.93
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total  
on line 8a of  
Summary Page





MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1  
2. Committee Name Committee to Elect Poirier Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 6 Name: US Post Master Address: 1205 Woodside Essexville MI 48732 <input type="checkbox"/> Fund Raiser	Purpose: <u>stamps-ck#1010</u>  Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/17/2008	12.60

Subtotal this page  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

12.60
1320.53

Enter this total  
on line 8a of  
Summary Page

**DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1

2. Committee Name Committee to Elect Poirier Commissioner

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code)  5. Indicate date debt was incurred  6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt # 1 Corp? <input type="checkbox"/> Yes  Owed to or by: Dennis Poirier  1265 Orchard Rd   Essexville MI 48732	4. Type: <u>signs pd by candidate</u>  Code _____  5. <u>Date Debt Was Incurred:</u> <u>07/08/2008</u>  6. <u>Original Amount of Debt:</u>  \$ <u>435.93</u>	<u>10/30/2008 \$ 435.93</u>  _____ \$ _____  _____ \$ _____  _____ \$ _____  _____ \$ _____	435.93	0.00          <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt # 2 Corp? <input type="checkbox"/> Yes  Owed to or by: Dennis Poirier  1265 Orchard Rd   Essexville MI 48732	4. Type: <u>loan from candidate</u>  Code _____  5. <u>Date Debt Was Incurred:</u> <u>07/18/2008</u>  6. <u>Original Amount of Debt:</u>  \$ <u>500.00</u>	<u>10/30/2008 \$ 500.00</u>  _____ \$ _____  _____ \$ _____  _____ \$ _____  _____ \$ _____	500.00	0.00          <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt # Corp? <input type="checkbox"/> Yes  Owed to or by:          	4. Type: _____  Code _____  5. <u>Date Debt Was Incurred:</u>    6. <u>Original Amount of Debt:</u>  \$ _____	_____ \$ _____  _____ \$ _____  _____ \$ _____  _____ \$ _____		          <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

0.00

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee.)

0.00

**PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES**

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total  
on line 12a  
"owed by" or  
line 12b "owed  
to" of the  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150006-1

2. Committee Name Committee to Elect Poirier Commissioner

**- USE A SEPARATE SHEET FOR EACH EVENT-**

3. Date Event Was Held  <u>10/28/2008</u> Month      Day      Year	4. Number of Individuals Attending or Participating (whichever is greater)  <u>77</u>	5. Type of Fund Raising Activity  <u>Fundraiser</u>	6. Address and Name (If any) of the place where the activity was held <u>Silver Palace 10/28/08</u> <u>1500 Woodside Ave</u> <u>Essexville</u> <u>MI 48732</u> <input type="checkbox"/> Private Residence
---	---	---	--

7. Total Contributions of \$20.00 or less 1300.00

8. Total Contributions of \$20.01 or more 510.00

9. SUBTOTAL (Add lines 7 and 8) 1810.00

10. Other Receipts 0.00

11. Gross Receipts (Add lines 9 and 10) 1810.00

12. Total Cost of Event\* 442.00

\*Includes In-Kind Contributions and All  
Expenditures Made For the Event

13. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)

Contribution Split  
(%)

Expenditure Split  
(%)

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- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

# CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: <u>10/20/08</u> to <u>11/24/08</u> Mo Day Year Mo Day Year	
4. Candidate Last Name <u>Poirier</u> First Name <u>Dennis</u> M.I.	
4a. Office Sought Including District # or Community Served (If applicable) <u>County Commissioner</u>	
4b. County of Residence <u>Day</u>	
6. Treasurer's Name & Residential Address	
Area Code & Phone ( ) - - - - -	
8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)	
Area Code and Phone ( ) - - - - -	

1. Committee I.D. Number <u>1500061</u>
2. Committee Name <u>Committee to Elect Poirier Commissioner</u>
5. Committee's Mailing Address
Area Code and Phone ( ) - - - - -
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.
7. Treasurer's Business Address
Area Code and Phone ( ) - - - - -

9. TYPE OF STATEMENT	
9a. <input type="checkbox"/> Pre-Election	OR 9b. <input checked="" type="checkbox"/> Post-Election
Pre-Election or Post-Election Statement relates to:	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Convention	<input type="checkbox"/> School
<input type="checkbox"/> Special	<input type="checkbox"/> Caucus
Date of Election, Convention or Caucus	
Month Day Year	
9c. <input type="checkbox"/> Annual Statement ( ) Coverage Year	
9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)	
9e. <input type="checkbox"/> Dissolution of Candidate Committee	
Effective Date of Dissolution	
Month Day Year	
By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.	
Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper <u>Dennis Poirier</u>	<u>Dennis Poirier</u>	Date <u>12 02 08</u>
Type or Print Name	Signature	Mo Day Year
Candidate <u>Dennis Poirier</u>	<u>Dennis Poirier</u>	Date <u>12 02 08</u>
Type or Print Name	Signature	Mo Day Year



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 1500061  
2. Committee Name Committee to Elect Poirier  
Commissioner

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>0</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1,000.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1,000.00</u>	(23.) \$ _____
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1232.88</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1,232.88</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,000.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>232.88</u>	

\*If your ending balance is negative, please recheck your math.

**ITEMIZED IN-KIND EXPENDITURES**  
**SCHEDULE 1B - IK**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 1500061

2. Committee Name Committee to Elect Poirier Com.

3. Name and Address of person to whom goods or services were donated or transferred.	4. Type of In-Kind Expenditure (Check appropriate box and fill in description)	5. Date:	6. Fair Market Value
Expenditure #1 <u>St. John the Evangelist Church</u> <u>Essexville</u> Name Address	<input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input checked="" type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description _____ _____	<u>12/2/08</u>	<u>1,000.00</u>
Expenditure #2 Name Address	<input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description _____ _____		
Expenditure #3 Name Address	<input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description _____ _____		

Page Subtotal  
Grand Total of all Schedules 1B-1K  
(Complete on last page of Schedule)

1,000.00

Enter this total  
on line 7 of  
the Summary  
Page